BRADLEY HEALTH/REHABILITATION CENTER

6735 WEST BRADLEY ROAD

MILWAUKEE 53223 Phone: (414) 354	-3300	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Opera	tion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03	3): 198	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	198	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	160	Average Daily Census:	169

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				왕
Home Health Care	No			Age Groups	%		18.1
Supp. Home Care-Personal Care	No					1 - 4 Years	40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	23.8	More Than 4 Years	26.9
Day Services	No	Mental Illness (Org./Psy)	20.6	65 - 74	4.4		
Respite Care	Yes	Mental Illness (Other)	6.3	75 - 84	41.3		85.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.3	85 - 94	13.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	16.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.6			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	8.8	65 & Over	76.3		
Transportation	No	Cerebrovascular	0.0			RNs	8.3
Referral Service	No	Diabetes	21.9	Gender	용	LPNs	7.4
Other Services	No	Respiratory	33.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2.5	Male	37.5	Aides, & Orderlies	46.6
Mentally Ill	No			Female	62.5	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No			l	100.0		
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## Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay			Family Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	o o	Per Diem (\$)	No.	o o	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	17	100.0	336	6	4.5	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	14.4
Skilled Care	0	0.0	0	120	90.2	118	0	0.0	0	4	100.0	192	2	100.0	118	4	100.0	350	130	81.3
Intermediate				7	5.3	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		133	100.0		0	0.0		4	100.0		2	100.0		4	100.0		160	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
beating builting Reporting Ferrod					% Needing		Total
Percent Admissions from:	į	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		12.5	87.5	160
Other Nursing Homes	13.7	Dressing	9.4		37.5	53.1	160
Acute Care Hospitals	80.6	Transferring	7.5		42.5	50.0	160
Psych. HospMR/DD Facilities	0.0	Toilet Use	1.9		43.8	54.4	160
Rehabilitation Hospitals	0.0	Eating	31.3		50.0	18.8	160
Other Locations	0.0	******	*****	*****	* * * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	139	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	1	Indwelling Or Extern	nal Catheter	2.5	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	2.7	Occ/Freq. Incontiner	nt of Bladder	61.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	37.0	Occ/Freq. Incontiner	nt of Bowel	56.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.7				Receiving Osto	my Care	1.3
Acute Care Hospitals	15.8	Mobility			Receiving Tube	Feeding	7.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	38.8
Rehabilitation Hospitals	0.0						
Other Locations	6.8	Skin Care			Other Resident C	haracteristics	
Deaths	34.9	With Pressure Sores		4.4	Have Advance D	irectives	98.1
otal Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	146				Receiving Psyc	hoactive Drugs	38.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	-	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	용	Ratio	왕	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.5	84.7	0.89	87.0	0.87	86.6	0.87	87.4	0.86
Current Residents from In-County	93.8	81.8	1.15	86.4	1.09	84.5	1.11	76.7	1.22
Admissions from In-County, Still Residing	35.3	17.7	2.00	18.9	1.87	20.3	1.74	19.6	1.79
Admissions/Average Daily Census	82.2	178.7	0.46	166.7	0.49	157.3	0.52	141.3	0.58
Discharges/Average Daily Census	86.4	180.9	0.48	170.6	0.51	159.9	0.54	142.5	0.61
Discharges To Private Residence/Average Daily Census	34.3	74.3	0.46	69.1	0.50	60.3	0.57	61.6	0.56
Residents Receiving Skilled Care	95.6	93.6	1.02	94.6	1.01	93.5	1.02	88.1	1.09
Residents Aged 65 and Older	76.3	84.8	0.90	91.3	0.84	90.8	0.84	87.8	0.87
Title 19 (Medicaid) Funded Residents	83.1	64.1	1.30	58.7	1.42	58.2	1.43	65.9	1.26
Private Pay Funded Residents	2.5	13.4	0.19	22.4	0.11	23.4	0.11	21.0	0.12
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	26.9	32.2	0.84	34.3	0.78	33.5	0.80	33.6	0.80
General Medical Service Residents	2.5	20.8	0.12	21.0	0.12	21.4	0.12	20.6	0.12
Impaired ADL (Mean)	71.4	51.8	1.38	53.1	1.34	51.8	1.38	49.4	1.44
Psychological Problems	38.1	59.4	0.64	60.0	0.64	60.6	0.63	57.4	0.66
Nursing Care Required (Mean)	6.5	7.4	0.88	7.2	0.90	7.3	0.89	7.3	0.89